AO 435 (Rev. 03/08)

Administrative Office of the United States Courts

TRANSCRIPT ORDER

Please Read Instructions:

FOR COURT USE ONLY
DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE
Mary S. McElroy, AFPD	528-4281	4/14/2008

4. MAILING ADDRESS	5. CITY	6. STATE	7. ZIP CODE
10 Weybosset Street	Providence	RI	02903

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS 10. FROM	11. TO
01-131ML	Lisi	7/18/2002	7/18/2002

12. CASE NAME	LOCATION OF PROCEEDINGS 13. CITY	14. STATE
United States vs. Terrance Cannon	Providence	RI

15. ORDER FOR

- ☐ APPEAL
- ☒ CRIMINAL
- ☐ CRIMINAL JUSTICE ACT
- ☐ BANKRUPTCY
- ☐ NON-APPEAL
- ☐ CIVIL
- ☐ IN FORMA PAUPERIS
- ☐ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☐ OTHER (Specify)	
☒ SENTENCING	7/18/2002		
☐ BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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REALTIME	☐	☐			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL: 0.00

18. SIGNATURE: Mary S. McElroy

PROCESSED BY

19. DATE: 4/14/2008

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY
ORDER RECEIVED		
DEPOSIT PAID		
TRANSCRIPT ORDERED		
TRANSCRIPT RECEIVED		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		
PARTY RECEIVED TRANSCRIPT		

DEPOSIT PAID
TOTAL CHARGES 0.00
LESS DEPOSIT -0.00
TOTAL REFUNDED
TOTAL DUE 0.00

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